



Special Request Form

Office of Human Resources, Training Services Division

Requests must be submitted at least 60 DAYS before the planned event date.

Date of Request: _____

Facility/Administration/Health Department: _____

Request: (Check one)

Classroom Management Development

_____ Conduct an onsite session of a [Scheduled Classroom Course](#) (12 attendees required)

Name of course: _____

_____ Begin the onsite [Managing Matters Program](#) for my management team

Name of course (1st): _____

Name of course (2nd): _____

Name of Management Team Leader: _____

Email & Phone: _____

Facilitation

_____ Facilitate a meeting.

_____ Design & facilitate a retreat.

_____ Presentation/Q&A (1 hour maximum) at a retreat or staff meeting on following topics:

___ Change _____ Other

___ Diversity

___ Conflict

Consulting

_____ Assess organizational development issues & plan appropriate action.

_____ Administer specific manager/leader assessment (DiSC) and interpret results.

_____ Coach specific manager/leader for identified development needs.

_____ Team Building

Other (Describe) _____

Brief Description of Request:

Planned/Requested: Date: _____ Time: _____ Location: _____

Anticipated number of participants: _____

Requesting Person (Name, Phone Number, E-mail and Signature): _____

_____ / _____ / _____

Requesting Person's Appointing Authority and Signature:

_____ / _____

Send this form to David Mark at david.mark@maryland.gov or FAX: 410-333-5011